

<b>Case Number:</b>	CM14-0113432		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 60-year-old female who sustained an injury to her neck and left shoulder on 5/10/2011. The medical records available for review documented that following a course of conservative care, the claimant underwent left shoulder arthroscopy and subacromial decompression in 2013. Postoperative treatment included physical therapy, acupuncture, chiropractic care, medications, home exercises and work restrictions. The progress report on 06/18/14 described continued left shoulder complaints with limited motion and tenderness. Objectively, on examination there was full range of motion with "stiffness" with no documentation of weakness. The medical records did not include any reports of postoperative imaging. The recommendation was for a functional capacity examination. There is no documentation of failure of an attempt to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Guidelines for performing an Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

**Decision rationale:** Based on the California ACOEM guidelines, the request for a functional capacity examination would not be indicated as medically necessary. While the claimant is noted to be status post left shoulder arthroscopy in 2013, there is no documentation of physical findings of weakness on examination or documentation of a prior attempt to return to work that failed. Without documentation of the above, the clinical significance of a functional capacity examination would not be supported. There is no indication of postoperative imaging or documentation of physical limitations at the most recent assessment.